### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149	001A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014	

DMR Mailing ZIP CODE: 9

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	1G	G	<b>QUALITY OR CON</b>	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	****	*****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	****	36650 YTD TOT	bbl	****	*****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****			*****	*****		<u> </u>			
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	GRAB

# COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan penalties for submitting failse information, including the possibility of fine and imprisonment for knowing

2. Drill fluid inventory refer to Attachment.

TYPED OR PRINTED

3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

NUMBER

DATE

MM/DD/YYYY

Page 1

**TELEPHONE** 

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

### **DISCHARGE MONITORING REPORT (DMR)**

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	13350 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	****	*****		*****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	nounons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 2. Drill fluid inventory refer to Attachment.
- 3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

### **DISCHARGE MONITORING REPORT (DMR)**

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NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

**Produced Water Monthly** 

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		****		*****	****	****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	*****		Daily	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. PW annual cumulative flow from Mar 1st thru Feb 28th each year.
- 2. If PW is discharged, 12 mo of monitoring is required for RP analysis
- 3. Well Treatment, Completion & Workover Fluids are commingled with PW & processed at platform Elly before being injected or discharged

### **DISCHARGE MONITORING REPORT (DMR)**

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 003A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

**DMR Mailing ZIP CODE:** 90802

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT				*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	wildings.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Chemical Inventory, refer to Attachment X

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Deck Drainage External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Free Oil Sheen # days observed (see attach report).
- 2. Fire Control water, and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 005A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

**DMR Mailing ZIP CODE:** 

90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, domestic	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****						
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82607 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chlorine not required if properly operating a USCG approval marine sanitation device.
- 2. Sewage treatment unit is a marine sanitation device that complies w/ pollution control standards and regulations under Section 312 of the CWA
- 3. Domestic waste such as laundry, is commingled with Sanitary Waste

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LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

PERMIT NUMBER

006A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 10/31/2014

**DMR Mailing ZIP CODE:** 

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

CAF001149

MM/DD/YYYY

10/01/2014

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### DISCHARGE MONITORING REPORT (DMR)

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90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 007A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

**DMR Mailing ZIP CODE:** 

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	<b>法当案表案</b>					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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#### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

\*\*\*\*\*

PERMIT

REQUIREMENT

\*\*\*\*\*

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

51705 RW 0

Receiving Water

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

\*\*\*\*\*

\*\*\*\*\*

Req. Mon.

MO TOTAL

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

d

No Discharge

Daily

VISUAL

QUANTITY OR LOADING **QUALITY OR CONCENTRATION** NO. FREQUENCY SAMPLE OF ANALYSIS TYPE EX **PARAMETER VALUE VALUE** UNITS VALUE VALUE **VALUE** UNITS \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* SAMPLE Chlorine, total residual MEASUREMENT PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* 50060 1 0 Req. Mon. **GRAB** ug/L Monthly REQUIREMENT Effluent Gross DAILY MX Floating solids or visible foam-SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT visual/days

\*\*\*\*\*

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submittled. Based on my inquiry of the person or persons who manage the devaluate the information submittled.		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X
- 2. Fire Control System Water is commingled with Deck Drainage

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

74076 1 0

Effluent Gross

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

\*\*\*\*\*

DMR Mailing ZIP CODE:

90802

MINOR

\*\*\*\*\*

\*\*\*\*\*

(SUBR FW)

Non-Contact Cooling Water

External Outfall

\*\*\*\*\*

No Discharge

Monthly

**ESTIMA** 

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	****	*****						
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	.00585 MO AVG	.0102 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	****	*****			

bbl/d

\*\*\*\*\*

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Chemical Inventory, refer to Attachment X.
- 2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

PERMIT

REQUIREMENT

Req. Mon.

MO AVG

### **DISCHARGE MONITORING REPORT (DMR)**

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NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	ymaunis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802 ATTN: Marina Robertson

CAF001149 011A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

**DMR Mailing ZIP CODE:** 90802

MINOR

(SUBR FW) Bilge Water External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ymaunis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

PERMIT

REQUIREMENT

\*\*\*\*\*

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

51705 RW 0

Receiving Water

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

\*\*\*\*\*

012A-A DISCHARGE NUMBER

\*\*\*\*\*

Req. Mon.

MO TOTAL

MM/DD/YYYY 10/31/2014 10/01/2014

\*\*\*\*\*

MONITORING PERIOD MM/DD/YYYY DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW) Boiler Blowdown External Outfall

Daily

No Discharge

VISUAL

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	*****					

\*\*\*\*\*

CAF001149

PERMIT NUMBER

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)
Test Fluids
External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149 014A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

**DMR Mailing ZIP CODE:** 

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### DISCHARGE MONITORING REPORT (DMR)

015A-A

10/31/2014

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014

**DMR Mailing ZIP CODE:** 

90802

MINOR

(SUBR FW)

**Bulk Transfer Material Overflow** 

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

REQUIREMENT

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

Receiving Water

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 016A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

MO TOTAL

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

		QUANTITY OR LOADING		G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0	PERMIT	*****	*****	*****	*****	*****	Req. Mon.	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Laboratory Waste

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	UALITY OR CONCENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the formation of the property of the property of the person or persons who manage the property of the property of the property of the person o		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting talse information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingled with Produced Water

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

Effluent Gross

74076 EG 0

Effluent Gross

Flow

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

\*\*\*\*\*

\*\*\*\*\*

\*\*\*\*\*

\*\*\*\*\*

\*\*\*\*\*

\*\*\*\*\*

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

\*\*\*\*\*

\*\*\*\*\*

No Discharge

CALCTD

Annual

QUANTITY OR LOADING QUALITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE VALUE** UNITS VALUE **VALUE VALUE** UNITS \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* \*\*\*\*\* SAMPLE Free Oil Visual Sheen MEASUREMENT PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 51689 RW 0 d VISUAL Req. Mon. Daily REQUIREMENT Receiving Water MO TOTAL Floating solids or visible foam-SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT visual/days \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 51705 RW 0 PERMIT d Daily VISUAL Reg. Mon. REQUIREMENT Receiving Water MO TOTAL SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Flow MEASUREMENT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* PERMIT \*\*\*\*\* **ESTIMA** 74076 1 0 Req. Mon. bbl/d Monthly

bbl/yr

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	nounois.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REQUIREMENT

SAMPLE

MEASUREMENT

**PERMIT** 

REQUIREMENT

MO AVG

1200

YTD TOT

\*\*\*\*\*

\*\*\*\*

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb 28th each year.

### DISCHARGE MONITORING REPORT (DMR)

020A-A

MM/DD/YYYY

10/31/2014

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY 10/01/2014

**DMR Mailing ZIP CODE:** 

90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the properties of the prope		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	, rolland)	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149	021A-A		
PERMIT NUMBER	DISCHARGE NUMBER		
MONITORING PERIOD	MM/DD/YYYY	10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 9

90802

MINOR (SUBR FW) Hydrotest Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Chemical Inventory, refer to Attachment X.
- 2. Submit RP analysis per permit requirement after sampling is completed.

### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA LOCATION: LAT 33 33 49N LO 118 06 59W PACIFIC OCEAN, CA 90802 ATTN: Marina Robertson

CAF001149 022A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

**DMR Mailing ZIP CODE:** 90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	ymaunis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	NG	G	QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	*****	*****	*****	****					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	36650 YTD TOT	bbl	****	****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****			*****	****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 2. Drill fluid inventory refer to Attachment.
- 3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 001A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

**DMR Mailing ZIP CODE:** 

90802

MINOR

(SUBR FW)

**Drilling Fluids and Cuttings** 

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	****	13350 YTD TOT	bbl	*****	****	****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	****	*****		*****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 2. Drill fluid inventory refer to Attachment.
- 3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	****	*****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		*****		*****	****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Daily	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. PW annual cumulative flow from Mar 1st thru Feb 28th each year.
- 2. If PW is discharged, 12 mo of monitoring is required for RP analysis
- 3. Well Treatment, Completion & Workover Fluids are commingled with PW & processed at platform Elly before being injected or discharged

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT				*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	wouldn's.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Chemical Inventory, refer to Attachment X

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)
Deck Drainage
External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED	, odao, b.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Free Oil Sheen # days observed (see attach report).
- 2. Fire Control water, and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

ATTN: Marina Robertson											
		QUAN	NTITY OR LOADIN	IG		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, domestic	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	****	*****	*****	*****						
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82607 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

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TYPED OR PRINTED	nounons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chlorine not required if properly operating a USCG approval marine sanitation device.
- 2. Sewage treatment unit is a marine sanitation device that complies w/ pollution control standards and regulations under Section 312 of the CWA
- 3. Domestic waste such as laundry, is commingled with Sanitary Waste

### **DISCHARGE MONITORING REPORT (DMR)**

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LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	ĺ	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X
- 2. Fire Control System Water is commingled with Deck Drainage

### **DISCHARGE MONITORING REPORT (DMR)**

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

Flow

74076 1 0

Effluent Gross

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

\*\*\*\*\*

\*\*\*\*\*

\*\*\*\*\*

\*\*\*\*\*

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

\*\*\*\*\*

\*\*\*\*\*

\*\*\*\*\*

No Discharge

**ESTIMA** 

Monthly

QUANTITY OR LOADING **QUALITY OR CONCENTRATION** NO. FREQUENCY SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE VALUE** UNITS VALUE **VALUE VALUE** UNITS \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* SAMPLE Chlorine, total residual MEASUREMENT PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 50060 1 0 .00585 .0102 Quarterly **GRAB** mg/L REQUIREMENT Effluent Gross MO AVG DAILY MX \*\*\*\*\* Floating solids or visible foam-SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT visual/days \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 51705 RW 0 PERMIT Req. Mon. d Daily VISUAL REQUIREMENT Receiving Water MO TOTAL

bbl/d

\*\*\*\*\*

\*\*\*\*\*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the law of the property of the property of the person or persons who manage the property of the person or persons who manage the law of the property of the property of the person of the pe		TELEP	HONE	DATE
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TYPED OR PRINTED	, voluments.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

#### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SAMPLE

MEASUREMENT

**PERMIT** 

REQUIREMENT

Reg. Mon.

MO AVG

- 1. Chemical Inventory, refer to Attachment X.
- 2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149	010A-A								
PERMIT NUMBER	MBER DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
11/01/2014	11/30/2014								

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 011A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

**DMR Mailing ZIP CODE:** 

90802

MINOR

(SUBR FW) Bilge Water External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the formation of the property of the property of the person or persons who manage the property of the property of the property of the person o		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW) Boiler Blowdown

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	<b>法当案表案</b>					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 013A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014 11/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Test Fluids

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

51705 RW 0

Receiving Water

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

d

No Discharge

Daily

VISUAL

		QUAI	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					

\*\*\*\*\*

\*\*\*\*\*

\*\*\*\*\*

Req. Mon.

MO TOTAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

\*\*\*\*\*

PERMIT

REQUIREMENT

\*\*\*\*\*

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

**Bulk Transfer Material Overflow** 

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	<b>法当案表案</b>					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

AG20

CAF001149 016A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

 MM/DD/YYYY
 MM/DD/YYYY

 11/01/2014
 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	· · · · · · · · · · · · · · · · · · ·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 018A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014 11/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Laboratory Waste

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	NTITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingled with Produced Water

## DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 019A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014 11/01/2014

**DMR Mailing ZIP CODE:** 

(SUBR FW)

**Excess Cement Slurry** 

External Outfall

MINOR

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	****	bbl/yr	*****	****	*****	*****		Annual	CALCTD

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb 28th each year.

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149	020A-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	MM/DD/YYYY
11/01/2014	11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the number of the property of the property of the person or persons who manage the property of the property of the property of the person of the perso		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 021A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014 11/01/2014

**DMR Mailing ZIP CODE:** 

90802

MINOR

(SUBR FW) Hydrotest Water External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	1G	G	QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system of those person directly reportable for affecting the properties for information published is		TELEP	DATE	
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TYPED OR PRINTED	wouldn's.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X.
- 2. Submit RP analysis per permit requirement after sampling is completed.

### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 022A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY 11/01/2014 11/30/2014

**DMR Mailing ZIP CODE:** 90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	C	QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	36650 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****			*****	****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	nomons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 2. Drill fluid inventory refer to Attachment.
- 3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 9

9 ....

90802

MINOR (SUBR FW)

**Drilling Fluids and Cuttings** 

External Outfall

No Discharge

ATTN: Marina Robertson

		QUA	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	****	13350 YTD TOT	bbl	*****	****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	****		*****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****		****	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing tylolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	· · · · · · · · · · · · · · · · · · ·	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 2. Drill fluid inventory refer to Attachment.
- 3. Drilling fluids & Drill Cuttings free Oil refers to free oil static sheen test.

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	****	*****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Daily	ESTIMA

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TYPED OR PRINTED	ymaunis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. PW annual cumulative flow from Mar 1st thru Feb 28th each year.
- 2. If PW is discharged, 12 mo of monitoring is required for RP analysis
- 3. Well Treatment, Completion & Workover Fluids are commingled with PW & processed at platform Elly before being injected or discharged

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT				*****	****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	noticols.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Chemical Inventory, refer to Attachment X

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 004A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

**DMR Mailing ZIP CODE:** 90802

MINOR

(SUBR FW) Deck Drainage External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Free Oil Sheen # days observed (see attach report).
- 2. Fire Control water, and Laboratory Waste are commingled with Deck Drainage, and sent to a disposal well. No Deck Drainage discharge at platform Eureka.

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	IG	(	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, domestic	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****						
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82607 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	****			*****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chlorine not required if properly operating a USCG approval marine sanitation device.
- 2. Sewage treatment unit is a marine sanitation device that complies w/ pollution control standards and regulations under Section 312 of the CWA
- 3. Domestic waste such as laundry, is commingled with Sanitary Waste

## DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 006A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

**DMR Mailing ZIP CODE:** 

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	NTITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149
PERMIT NUMBER

MON
MM/DD/YYYY

12/01/2014

007A-A
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 12/31/2014 DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 A-A800 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2014 12/01/2014

**DMR Mailing ZIP CODE:** 

90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Chemical Inventory, refer to Attachment X
- 2. Fire Control System Water is commingled with Deck Drainage

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

74076 1 0

Effluent Gross

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

\*\*\*\*\*

\*\*\*\*\*

\*\*\*\*\*

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

\*\*\*\*\*

No Discharge

**ESTIMA** 

Monthly

QUANTITY OR LOADING **QUALITY OR CONCENTRATION** NO. FREQUENCY SAMPLE OF ANALYSIS EX TYPE **PARAMETER VALUE VALUE** UNITS VALUE **VALUE VALUE** UNITS \*\*\*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* SAMPLE Chlorine, total residual MEASUREMENT PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 50060 1 0 .00585 .0102 Quarterly **GRAB** mg/L REQUIREMENT Effluent Gross MO AVG DAILY MX \*\*\*\*\* Floating solids or visible foam-SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT visual/days \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 51705 RW 0 PERMIT Req. Mon. d Daily VISUAL REQUIREMENT Receiving Water MO TOTAL SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* Flow MEASUREMENT

bbl/d

\*\*\*\*\*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
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TYPED OR PRINTED	nomons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Chemical Inventory, refer to Attachment X.
- 2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

**PERMIT** 

REQUIREMENT

Req. Mon.

MO AVG

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149	010A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014	

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149	011A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014	

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)
Bilge Water
External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW) Boiler Blowdown

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	<b>法当案表案</b>					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE: 90802

MINOR (SUBR FW) Test Fluids External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	Daily  Daily  Monthly	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting talse information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	violatoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	1G	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

١	0.4.5004440		0454.4
1	CAF001149		015A-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	OF	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	12/01/2014	٦	12/31/2014

DMR Mailing ZIP CODE:

MINOR

90802

(SUBR FW)

**Bulk Transfer Material Overflow** 

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tylolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	, voluments.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRI		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
		system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing Liviolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYP	PED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 017A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

**DMR Mailing ZIP CODE:** 

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

Floating solids or visible foam-SAMPLE \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* MEASUREMENT visual/days \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 51705 RW 0 PERMIT Req. Mon. d Daily VISUAL REQUIREMENT Receiving Water MO TOTAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment X.

### DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

LOCATION: LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

CAF001149 018A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Laboratory Waste

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste comingled with Produced Water

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

ATTN: Marina Robertson

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	1G	G	<b>QUALITY OR CON</b>	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	*****	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage that		TELEP	HONE	DATE
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TYPED OR PRINTED	and the state of t	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

### COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb 28th each year.

### **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001149 020A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE: 90802

MINOR
(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

12/01/2014

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)
Hydrotest Water
External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment X.
- 2. Submit RP analysis per permit requirement after sampling is completed.

## **DISCHARGE MONITORING REPORT (DMR)**

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM EUREKA - CAG28

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM EUREKA

**LOCATION:** LAT 33 33 49N LO 118 06 59W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	TY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)